

AUTO CR - LOG SUMMARY #1075783

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Victim						M	WWH		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
22-MAY-2015 12:15 - 22-MAY-2015 12:15	2452 W BELMONT AVE, CHICAGO, 1921 IL 60618		019	281 - JAIL / LOCK-UP FACILITY	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee	Accused UNKNOWN,					ON Duty	The reporting party alleged that he was involved in a car accident and filed a traffic accident report. The reporting party alleged that the person he was involved in the accident with later went to the 019th District Station and had the original accident report amended by an unknown officer at the station to reflect false information regarding the cause of the accident. The reporting party alleged the person who was involved in the accident is the wife of a retired Chicago Police officer.

Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Witness						F	WHI		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	IN PERSON/WALK-IN
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category List

Incident Category	Primary?	Initial?
10T - GROUP 10 - OPERATION/PERSONNEL VIOLATIONS (ON DUTY) REPORTS	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
ISAKSON, ROY	Primary	DISTRICT/UNIT	06-JUL-2015	05-AUG-2015		1472

Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED/NO CONVERSION	07-AUG-2015 09:17	SCOTT, NIYA	PERSONAL COMP OPER 2	121 /	
PENDING INVESTIGATION	06-JUL-2015 10:25	GRAY, ALICE	SR DATA ENTRY OPR	121 /	
PENDING ASSIGN INVESTIGATOR	25-JUN-2015 11:03	DUNN, BRENDA	SERGEANT OF POLICE	121 /	
PENDING APPROVE TEAM	23-JUN-2015 09:28	WATSON, JOHN	POLICE OFFICER	121 /	
PENDING ASSIGN TEAM	22-JUN-2015 07:55	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	21-JUN-2015 02:59	KUYKENDOLL, ANITA	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	21-JUN-2015 02:44	KUYKENDOLL, ANITA	INVESTIGATOR 3 COPA	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					KUYKENDOLL, ANITA	21-JUN-2015 02:44			
1	DOCUMENTS - INTAKE INCIDENT		4		N	KUYKENDOLL, ANITA	21-JUN-2015 02:54	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 21-JUN-2015) - LOG #1075783

TYPE: INFO

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Victim						M	WWH		

Incident Information

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Incident Details

CR Required?		Manner Incident Received?	IN PERSON/WALK-IN
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
10T - GROUP 10 - OPERATION/PERSONNEL VIOLATIONS (ON DUTY) REPORTS	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IAD	DISTRICT/UNIT	ISAKSON, ROY (PRIMARY INV)	06-JUL-2015 10:25	GRAY, ALICE	
IAD	DISTRICT/UNIT	-	23-JUN-2015 09:28	WATSON, JOHN	
IAD	INTERNAL AFFAIRS DIVISION	-	21-JUN-2015 14:44	KUYKENDOLL, ANITA	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED/NO CONVERSION	07-AUG-2015 09:17	SCOTT, NIYA	PERSONAL COMP OPER 2	121 /	

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Sheet 1 of 1 Sheets

62 1050C JANUARY 2013 (REPRINT 01/14)

CPD 0338997

R. D. NUMBER

48 DIAGRAM

50 NARRATIVE (Refer to vehicle by Unit No.)

Event # [REDACTED] In summary, driver of Vehicle #2 stated that he was behind Vehicle #1 while they were both stopped by a solid red signal facing S/B on [REDACTED]. When the light changed to green he honked his horn to alert the driver of Vehicle #1 who had not begun to proceed through the intersection. The driver of Vehicle #1 then became aggressive, displaying her middle finger towards him. She then began to enter the intersection and then stopped abruptly, leaving driver of Vehicle #2 without chance to avoid crash. Driver #2 could offer no further info.

59 HIT & RUN WANTED DRIVER	SEX - RACE	AGE	HAIR COL	DISTINGUISHING MARKS / CLOTHING DESCRIPTION	UNIT NO.	VEH. COLOR
MINI ORIG.	OFFICER ASSIGNED STAR NO.	DATE ASSIGNED	SUPV. STAR NO.	IF CASE CLEARED HOW <input type="checkbox"/> ARREST PROSECUTION	CITIZEN NO.	
COURT FILE	COURT DATE	TRUE	AM PM	CHARGES <input type="checkbox"/> ENC. CLEARED		
SUSPENDED	<input type="checkbox"/> TIM CANNOT ID OFFENDER <input type="checkbox"/> LETTER TO CONTACT RETURNED BY POST OFF <input type="checkbox"/> EVEN REGISTRATION UNAVAILABLE		<input type="checkbox"/> NO INVESTIGATIVE LEADS <input type="checkbox"/> WARRANT OBTAINED <input type="checkbox"/> INSUFFICIENT EVIDENCE FOR ARREST		<input type="checkbox"/> VEH. SEIZED NO NO <input type="checkbox"/> OTHER (Specify)	
PREPARED BY - SIGNATURE				STAR NO.	DATE (Day-Mo-Yr)	APPROVED SIGNATURE
						SPRING

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME

ADDRESS

CITY/STATE/ZIP

54 USDOT NO.

ILCC NO.

52 Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

53 Gross Vehicle Weight Rating (GVWR)

Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N

55 If yes, name on placard

4-digit UN no. 1-digit Hazard Class no.

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNKDid HAZMAT Regulations violation contribute to the crash? ☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No.

56 IDOT PERMIT NO. WIDE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96" 97-102" >102"

57 TRAILER 1 ☐ ☐ ☐TRAILER 2 ☐ ☐ ☐

TRAILER LENGTH(S): 1 ft TRAILER 2 ft

TOTAL VEHICLE LENGTH ft NO. OF AXLES

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

MILES N E S W OR CHICAGO

CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION

CARGO BODY TYPE LOAD TYPE

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

ADDITIONAL UNITS/AMENDED

1 DRAC	2 PERM	3 TRFD	4 TRFC	5 WEAT	6 DRVA	7 VIS	8 VEH	9 LGHT	10 COLL	11 MANN	12 PPA	13 PPL	14 BARCODE CONTROL NUMBER
INVESTIGATING AGENCY CHICAGO POLICE DEPARTMENT													
37 DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500													
TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) AMENDED													
31 <input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash													
32 33 R.O. NUMBER 15													
34 ADDRESS NO. (CIRCLE) HIGHWAY or STREET NAME CHICAGO													
CITY COUNTY COOK													
35 INTERSECTION RELATED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
36 DATE OF CRASH 5/21/15 12:15 PM													
38 BEAT OF OCCURRENCE 1424													
39 AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)													
NAME DRIVER <input checked="" type="checkbox"/> PARKED - NO DRIVER <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NAV <input type="checkbox"/> NCV													
DATE OF BIRTH													
MAKE MODEL YEAR SUBARU OUTBACK 2013													
PLATE NO. STATE YEAR N503751 IL 2013													
CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 2													
FRONT TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N FIRE <input type="checkbox"/> <input checked="" type="checkbox"/> HAZMAT SPILL <input type="checkbox"/> <input checked="" type="checkbox"/> COM VEH <input type="checkbox"/> <input checked="" type="checkbox"/> * IF YES SEE SIDEBAR													
VEHICLE OWNER (LAST, FIRST M.I.) SAME AS DRIVER													
INSURANCE CO. PROGRESSIVE													
OWNER ADDRESS (STREET, CITY, STATE, ZIP) SAME AS DRIVER													
TELEPHONE POLICY NO.													
NAME DRIVER <input checked="" type="checkbox"/> PARKED - NO DRIVER <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NAV <input type="checkbox"/> NCV													
DATE OF BIRTH													
MAKE MODEL YEAR VOLKS TIGUAN 2010													
PLATE NO. STATE YEAR NM 09/16													
CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 6													
FRONT TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N FIRE <input type="checkbox"/> <input checked="" type="checkbox"/> HAZMAT SPILL <input type="checkbox"/> <input checked="" type="checkbox"/> COM VEH <input type="checkbox"/> <input checked="" type="checkbox"/> * IF YES SEE SIDEBAR													
VEHICLE OWNER (LAST, FIRST M.I.) CONTINO, James													
INSURANCE CO. TRAVELERS													
OWNER ADDRESS (STREET, CITY, STATE, ZIP) SAME AS DRIVER													
TELEPHONE POLICY NO.													
40 PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)													
41 (CRSP)													
42 (EMS)													
43 DAMAGED PROPERTY OWNER NAME													
DAMAGED PROPERTY													
CONTRIBUTORY CAUSE(S)													
POSTED SPEED LIMIT													
44 ARREST NAME													
SECTION CITATION NO.													
45 DATE POLICE NOTIFIED 5/29/15													
TIME NOTIFIED 1:15 PM													
46 STAR NO. 17284													
SIGNATURE K. G. J.													
47 BEAT 1902													
48 SUPERVISOR SIGNATURE J. G. J.													
STAR NO. 860													
COURT DATE mo / day / yr													
COURT TIME AM PM													

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

48 DIAGRAM



51

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.

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1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation beyond 75 air miles from the driver's work reporting location (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

54 USDOT NO. _____ ILCC NO. _____

52 Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

53 Gross Vehicle Weight Rating (GVWR) _____

Were HAZMAT placards displayed on the vehicle? ☐ Yes ☐ No

55 If yes, name on placard _____

4-digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Yes ☐ No ☐ UnknownDid HAZMAT Regulations violation contribute to the crash? ☐ Yes ☐ No ☐ UnknownDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Yes ☐ No ☐ Unknown

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Yes ☐ No ☐ Unk Out of Service? ☐ Yes ☐ NoMCS ☐ Yes ☐ No ☐ Unk Out of Service? ☐ Yes ☐ No

Form No. _____

56 IDOT PERMIT NO. _____ WIDE LOAD? ☐ Yes ☐ No

TRAILER WIDTH(S): 0-96" 97-102" >102"

57 TRAILER 1 ☐ ☐ ☐TRAILER 2 ☐ ☐ ☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR CHICAGO

CIRCLE ONE

CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

54 NARRATIVE (Refer to Vehicle by Unit No.)

THIS IS A WALK-IN REPORT SUBMITTED BY UNIT #2 IN THE 019TH DISTRICT (WEST). UNIT #2 RELATED TO R/O THAT SHE WAS INVOLVED IN AN ACCIDENT W/ UNIT #1. UNIT #1 FILED A REPORT IN THE 015TH DISTRICT, BUT WHEN SHE RECEIVED HER COPY OF THE REPORT, SHE NOTICED SEVERAL THINGS WERE WRONG. SHE WAS ADVISED BY HER INSURANCE COMPANY TO FILE A SUPPLEMENTAL REPORT WITH HER VERSION OF THE INCIDENT. SHE STATES THAT AS SHE WAS PULLING AWAY INTO THE INTERSECTION AFTER A RED LIGHT, UNIT #1 HONKED HIS HORN AND STRUCK HER FROM BEHIND, CAUSING MINOR DAMAGE.

58 HIT & RUN WANTED DRIVER	SEX - RACE	AGE	HAIR COL.	DISTINGUISHING MARKS / CLOTHING DESCRIPTION		UNIT NO. VEH. COLOR
MAU ONLY	OFFICER ASSIGNED STAR NO.	DATE ASSIGNED	SUPV. STAR NO.	IF CASE CLEARED HOW <input type="checkbox"/> ARREST PROSECUTION		CITATION NO.
COURT RM.	COURT DATE	TIME	AM PM	CHARGES	<input type="checkbox"/> EXL. CLEARED	
SUSPENDED		TIM CANNOT ID OFFENDER		NO INVESTIGATIVE LEADS		VEH. STOLEN-RO NO.
		LETTER TO CONTACT RETURNED BY POST OFF		WARRANT OBTAINED		OTHER (Specify)
		VEH. REGISTRATION UNAVAILABLE		INSUFFICIENT EVIDENCE FOR ARREST		
PREPARED BY - SIGNATURE			STAR NO.	DATE (Day-Mo.-Yr.)	APPROVED BY SIGNATURE	STAR NO.